

Michigan Department Of Community Health
BUREAU OF HEALTH SYSTEMS, COMPLAINT INVESTIGATION UNIT

RESIDENT/PATIENT CARE COMPLAINT FORM

Print clearly or type information on all sections of this form. Call 1-800-882-6006 if you need help completing the form.

RESIDENT INFORMATION											
Resident/Patient Name								Birthdate			
Date Admitted			Room #			Discharge Date (if no longer in facility)					
Guardian/Resident Representative						Daytime/Work Phone #			Evening Phone #		
FACILITY INFORMATION (Check Type)											
<input type="checkbox"/>	ASC	<input type="checkbox"/>	EMS	<input type="checkbox"/>	FS-ASC	<input type="checkbox"/>	HOSP	<input type="checkbox"/>	OPT	<input type="checkbox"/>	RS
<input type="checkbox"/>	CMCF	<input type="checkbox"/>	ESRD	<input type="checkbox"/>	HHA	<input type="checkbox"/>	HSPC	<input type="checkbox"/>	PSYCH HOSP	<input type="checkbox"/>	X-RAY
<input type="checkbox"/>	CORF	<input type="checkbox"/>	FSOF	<input type="checkbox"/>	HLTU	<input type="checkbox"/>	NH	<input type="checkbox"/>	RHC	<input type="checkbox"/>	
Facility Name											
Facility Street Address					City		State MI		Zip Code		
INFORMATION ABOUT PERSON FILING THE COMPLAINT											
Your Name (if not resident)					Daytime/Work Phone #			Evening Phone #			
Street Address					City				State		Zip Code
Contact Person (if different)					Daytime/Work Phone #			Evening Phone #			
E-mail Address											
INFORMATION ABOUT YOUR COMPLAINT											
Date of problem or incident:						Time		<input type="checkbox"/>		AM <input type="checkbox"/> PM	
<p>The Department will not disclose the name of a complainant or the resident named in the complaint during a nursing home investigation without written consent. However, the investigation can proceed more quickly if the complaint can be discussed at the time of the investigation.</p>											

Do you give permission for the resident's name to be released to discuss the complaint?		Yes	No
What is the complaint about? Attach additional sheets if necessary. No. of pages attached: ()			
Have you contacted the facility about your complaint?	Yes	No	If yes, person's name and title?
Your Signature:		Date Signed:	

All nursing homes are required to post the name, title, location, and telephone number of an individual in the nursing home who is responsible for receiving complaints and conducting complaint investigations. Someone in the nursing home should be on duty 24 hours a day, 7 days a week to respond to complaints. You may wish to contact the facility representative or administrator before filing this complaint.

You may complete and sign this form, and submit it to the Bureau of Health Systems by mail or fax to:

**Michigan Department of Community Health
Bureau of Health Systems, Complaint Investigation Unit
P.O. Box 30664, Lansing, MI 48909
Fax # (517) 241-0093 <http://www.michigan.gov/bhs>**

Other agencies that help citizens with complaints are:

The State Long-Term Care Ombudsman

State long-term care ombudsman will help identify, investigate and help resolve complaints of residents of licensed long-term care facilities through its network of local ombudsmen.

Call: 1-866-485-9393 (toll-free)

<http://www.elderslaw.org/>

Department of Attorney General (AG)

The Attorney General investigates elder abuse and Medicaid fraud.

Call: 1-800-242-2873 or file a complaint online at

<http://www.michigan.gov/ag/>

Michigan Protection & Advocacy Service (MPAS)

MPAS can tell you who you should call to report abuse/neglect, help you file a complaint, or investigate an abuse/neglect allegation.

Call: 1-800-288-5923 or (517) 487-1755

<http://www.mpas.org/>

Citizens for Better Care (CBC)

CBC is an advocacy group for nursing home residents and families.

Call: Detroit 1-800-833-9548

<http://www.cbcmi.org>